

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

Name of Candidate Vide J. CrumichelAddress 5396 Springhill LoopTelephone 601-693-2750 Fax \_\_\_\_\_Contact Name Vide J. Crumichel Email KCrumichel@Sate.ms.govOffice Sought Senate Dist 33 Political Party Republican☐ Check here if above is different from previous reportTYPE OF REPORT

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$13,000 + \$425 <sup>00</sup>	\$13,425	\$13,425 <sup>00</sup>
Total amount of disbursements	\$1,320 + \$1,889 <sup>00</sup>	\$3,209 <sup>00</sup>	\$3,209 <sup>00</sup>
Total amount of cash on hand		\$46,668 <sup>00</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Vide J. CrumichelDate 1/29/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee VideT CarmichaelReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC Mississippi</u>		<u>10/11/10</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>P.O. Box 1640</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39215</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Speech-Language, LLC</u>		<u>10/11/10</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>P.O. Box 22664</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39225</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>10/11/10</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>135 North Church ST</u>		___/___/___	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Entertainment Software Assoc</u>		<u>10/11/10</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>575 7th ST NW suite 300</u>		___/___/___	\$
City, State, Zip Code <u>WASHINGTON, DC 20004</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500<sup>00</sup></u>



Name of Candidate or Committee VideT CarmichaelReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATF MS PAC</u>		<u>10/11/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol ST</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>COMCAST Corp</u>		<u>10/11/10</u>	\$ <u>250.00</u>
Mailing Address <u>One Comcast Center</u>		___/___/___	\$
City, State, Zip Code <u>Philadelphia, PA 19103</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Learning Through Sports, Inc</u>		<u>10/11/10</u>	\$ <u>1000.00</u>
Mailing Address <u>1 Mt Laurel Ave Ste 210</u>		___/___/___	\$
City, State, Zip Code <u>Birmingham, AL 35242</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS INDEPENDENT RX PAC</u>		<u>10/11/10</u>	\$ <u>500.00</u>
Mailing Address <u>4209 Lakeland Dr Ste 399</u>		___/___/___	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

V. deT. Corniche

Reporting period

1/1/10

through

12/31/10

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fidelis Policy Group LLC</u>		<u>10/11/10</u>	\$ <u>500.00</u>
Mailing Address <u>121 Hallmark Place</u>		___/___/___	\$
City, State, Zip Code <u>Madison, MS 39110</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MA DA Auto PAC</u>		<u>10/11/10</u>	\$ <u>500.00</u>
Mailing Address <u>800 Woodland Park STE 100</u>		___/___/___	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LEN PAC</u>		<u>10/11/10</u>	\$ <u>1000.00</u>
Mailing Address <u>3 Lakeland CK STE 201</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39216</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Manufacturers Assn PAC</u>		<u>10/11/10</u>	\$ <u>250.00</u>
Mailing Address <u>220 N. President ST</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39202</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>



Name of Candidate or Committee V. deT Carmichael  
Reporting period 1/1/10 through 12/31/10

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATMOS Energy Corp PAC</u>		<u>11/17/10</u>	\$ <u>500</u>
Mailing Address <u>5430 LBJ Freeway Suite 160</u>		____/____/____	\$
City, State, Zip Code <u>Dallas, TX 75240</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Northrop Grumman</u>		<u>11/17/10</u>	\$ <u>1000</u>
Mailing Address <u>4101 Washington Ave</u>		____/____/____	\$
City, State, Zip Code <u>Newport News, VA 23607</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Norfolk Southern Corp</u>		<u>11/17/10</u>	\$ <u>250</u>
Mailing Address <u>Three Commercial Place</u>		____/____/____	\$
City, State, Zip Code <u>Norfolk, VA 23610</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power CO PAC</u>		<u>11/17/10</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 4079</u>		____/____/____	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee VideT Camera IncReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adams &amp; Reese LLP</u>		<u>11/17/10</u>	\$ <u>250.00</u>
Mailing Address <u>4500 OHC Shell Square</u>		<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>New Orleans, LA 70139</u>		<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)		<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check Cashers &amp; More Inc</u>		<u>11/17/10</u>	\$ <u>250.00</u>
Mailing Address <u>147 W. Gallatin ST</u>		<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Hazelhurst, MS 39083</u>		<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)		<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Auto Title Loans Too Inc</u>		<u>11/17/10</u>	\$ <u>250.00</u>
Mailing Address <u>147 W. Gallatin ST</u>		<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Hazelhurst, MS 39083</u>		<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)		<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Laveland CTR Inc DBA Allcare Health</u>		<u>11/17/10</u>	\$ <u>500.00</u>
Mailing Address <u>5000 Hwy 39 North</u>		<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS 39301</u>		<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)		<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee V. J. Carmichael  
 Reporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grand Trunk Western RR CO</u>		<u>11/17/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 5025</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Troy Michigan 48007</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser Busch, Inc</u>		<u>11/17/10</u>	\$ <u>500.00</u>
Mailing Address <u>106 East College Ave</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Jacksonville, FL 32301</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ALTRIA Client Services, Inc</u>		<u>11/17/10</u>	\$ <u>500.00</u>
Mailing Address <u>6601 W. Broad St</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Richmond, VA 23230</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management CO, Inc</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500.00</u>
Mailing Address <u>Centene Corp</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee VideT Commercial

Reporting period 1/1/10 through 12/31/10

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Medimmune Affairs, Inc</u>		<u>12/1/10</u>	\$ <u>500.00</u>
Mailing Address <u>One Medimmune Way</u>		____/____/____	\$
City, State, Zip Code <u>Gaithersburg, MD 20878</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Valley Services, Inc</u>		<u>12/21/10</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 5454</u>		____/____/____	\$
City, State, Zip Code <u>Jackson, MS 39288</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____/____/____	\$
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____/____/____	\$
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$



Name of Candidate or Committee

Vicki T. Combs

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Reporting period

1/1/10

through

12/31/10

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cellular South	4/1/10	\$ 1,320.00
Mailing Address		
5260 I-55 N. Jackson		
City, State, Zip Code		
Jackson, MS 39207		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,320.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$